
UNITED STATES DISTRICT COURT

Northern

District of

Oklahoma

STATE OF OKLAHOMA, ex rel.
W.A. DREW EDMONDSON, in his
capacity as ATTORNEY GENERAL OF
THE STATE OF OKLAHOMA and
OKLAHOMA SECRETARY OF THE
ENVIRONMENT C. MILES TOLBERT,
in his capacity as the TRUSTEE FOR
NATURAL RESOURCES FOR THE
STATE OF OKLAHOMA,
Plaintiff,

SUMMONS IN A CIVIL CASE

V.

TYSON FOODS, INC., TYSON POULTRY,
INC., TYSON CHICKEN, INC., COBB-
VANTRESS, INC., AVIAGEN, INC.,
CAL-MAINE FOODS, INC., CAL-MAINE
FARMS, INC., CARGILL, INC.,
CARGILL TURKEY PRODUCTION, LLC,
GEORGE'S, INC., GEORGE'S FARMS, INC.,
PETERSON FARMS, INC., SIMMONS
FOODS, INC., and WILLOW BROOK
FOODS, INC.,

Defendants.

CASE NUMBER: 4:05-CV-00329-JOE-SAJ

TO: Peterson Farms, Inc.
c/o registered service agent
The Corporation Company
735 First National Building
120 N. Robinson
Oklahoma City, OK 73102

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY:
W. A. Drew Edmondson, 112 State Capitol, 2300 N. Lincoln Boulevard, Oklahoma City, Oklahoma
73105-4894, an answer to the complaint which is herewith served upon you, within 20 days after
service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default
will be taken against you for the relief demanded in the complaint. You must also file your answer with the
Clerk of this Court within a reasonable period of time after service.

AUG 19 2005

PHIL LOMBARDI
CLERK

DATE

(By) DEPUTY CLERK

SEAL


| RETURN OF SERVICE | | |
|---|----------|-------------------------|
| Service of the Summons and complaint was made by me ¹ | | DATE August 22, 2005 |
| NAME OF SERVER (<i>PRINT</i>) Richard T. Garren | | TITLE Attorney |
| Check one box below to indicate appropriate method of service | | |
| <input type="checkbox"/> Served personally upon the third-party defendant. Place where served: | | |
| <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: | | |
| <input type="checkbox"/> Returned unexecuted: | | |
| <input checked="" type="checkbox"/> Other (<i>specify</i>): Certified mail, return receipt no. 7003 2260 0003 3139 2416 | | |
| STATEMENT OF SERVICE FEES | | |
| TRAVEL | SERVICES | TOTAL |

¹ As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.



DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on August 25, 2005
Date


Signature of Server

502 W. 6th St.
Tulsa, Ok 74119
Address of Server

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Peterson Farms, Inc. c/o registered service agent The Corporation Company 735 First National Building 120 N. Robinson Oklahoma City, OK 73102</p> </div> | <div style="text-align: center; margin-bottom: 10px;">  </div> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number</p> <p>(Transfer from service label)</p> | <p style="font-size: 1.2em; font-weight: bold; text-align: center;">7003 2260 0003 3139 2416</p> |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |